## FEC FORM 1

Office

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## STATEMENT OF ORGANIZATION

PEC MAIL CENTER
2015 APR 13
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FEC FORM 1

(Revised 06/2012)

			Ointo	5 030 Olly 117 Pr
1 NAME OF COMM TTEE (in fu )	(Check if name is changed)	Examp e: f typing, type over the ines	12FE4M5	
INCE FOR PI	RESIDENT 2	0,16, -, REST	ORE LIB	ERTY
		·	<del>                                     </del>	
ADDRESS (number and street)	15,2,6, S, B,E,L	C,R,E,S,T, ,A,V,E,		
(Check if address is changed)			<u>                                     </u>	
	SPRINGFIE CTYA	<u>L</u> ,D,	MO 65 STATE A	8021-2613 ZPCODE▲
   COMMITTEES E MAIL ADDRE	:SS			•
(Check if address	1			
is changed)	Optional Second E Mail Add	lress	<del>                                     </del>	
2				
OMM TTEES WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	1			
is changed)				
2 DATE 03 '3	1 ' a o 15			
3 FEC DENT F CAT ON N	UMBER ▶ C			
4 STHS STATEMENT		AMENDED (A)		
certify that have examined t	his Statement and to the best	of my know edge and be ief it	is true, correct and c	comp ete
Type or Print Name of Treasure	er CECIL ANTH	ONY INCE		
Signature of Treasurer	CAllne	· · · · · · · · · · · · · · · · · · ·	Date O3 /	31 4015
NOTE: Cubmission of face arron	accus, or incomp etc information	may subject the narrow signing	this Ctatament to the s	one time of E2 II C C \$20100

ANY CHANGE N NFORMAT ON SHOULD BE REPORTED WITH N 10 DAYS

For further information contact:

Federa E ection Commission

To Free 800 424 9530

Loca 202 694 1100

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	TYPE OF C	OMMITTEE Committee:
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name of Candidate	CECIL ANTHONY INCE
	Candidate Party Affiliati	on LIB Office Sought: House Senate President District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	Party Con	
	(d)	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
	Political A	ction Committee (PAC):
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
	(f) []	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
-	Joint Fund	draising Representative:
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	nmittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

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Write or Type Committee Na	ime ·		
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Lead	dership PAC Sponsor
Mailing Address			
	CITY	STATE	ZIP CODE
.san			·•
Relationship: [_] Connec	cted Organization Affiliated Committee Joint Fu	undraising Representative	Leadership PAC Sponsor
7. Custodian of Records: I books and records.	dentify by name, address (phone number optional)	and position of the person in	possession of committee
Full Name LE	CIL ANTHONY INCE		<u> </u>
Mailing Address	526, S. BELCREST, A	v,E	
	SPRINGFIELD	MO 65	5802-2613
Title or Position	CITY	STATE	ZIP CODE
[CANDIDAT	E/TREASURER Telep	phone number 972-	[7,46]-16,359]
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasug, assistant treasurer).	urer of the committee; and the	name and address of
Full Name of Treasurer	CILL, ANTHONY, INCE		
Mailing Address	1526 S BELCREST A	v.E	<del>                                     </del>
		<u> </u>	
	SPRINGFIELD	STATE	[8,02]-2,613] ZIP CODE
Title or Position	= /.T.R.E.A.SU.R.E.R. I		17.461-163.591

	m 1 (Revised 0.2/2009)	Page 4
<u>-</u>		
Full Name of Designated Agent	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
itle or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds,	
	oxes or maintains funds.  Depository, etc.	
•		111111
Name of Bank, [	Depository, etc.	
Name of Bank, [	Depository, etc.	
Name of Bank, [	Depository, etc.	
Name of Bank, [	Depository, etc.	ZIP CODE
Name of Bank, [	Depository, etc.  CITY STATE	
Name of Bank, I	Depository, etc.  CITY STATE	
Name of Bank, [	Depository, etc.  CITY STATE	

CITY-

STATE

ZIP CODE

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2015 APR 13



Ederal Election Commission 999 E Street, N.W. Washington, DC 20463

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## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmark**è**d Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

PREPARER (3/2015)

DATE PREPARED